



County of Los Angeles CHIEF EXECUTIVE OFFICE

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WILLIAM T FUJIOKA
Chief Executive Officer

October 4, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

ENHANCING SERVICES TO STRENGTHEN THE 241.1 PROJECT FOR CROSSOVER YOUTH

On March 12, 2013, a motion by Supervisor Ridley-Thomas directed the Chief Executive Officer (CEO), in conjunction with the Directors of the Departments of Mental Health (DMH), Public Health (DPH) and Children and Family Services (DCFS), to implement the 241.1 Crossover Youth Project recommendations identified in the November 2, 2012 report, as follows:

1. Instruct the 241.1 DMH Psychiatric Social Worker to provide specific recommendations as to the type of mental health services a youth needs, and which agencies in the youth's service area could provide such services;
2. Authorize the Director of DPH to develop a process for referring crossover youth identified by the Multi-Disciplinary Team as needing substance abuse assessment and treatment, and a process for tracking the number of youth identified as needing substance abuse services, the number of referrals made and the number of youth who receive these services;
3. Instruct the CEO, DCFS and affected departments to report annually on the 241.1 evaluation measures identified in the CEO's November 2012 report;
4. Instruct County Counsel to work with the CEO to review AB 1405 (2008) and submit revised proposed statutory language to the Legislature to prohibit the use of incriminating information obtained during a clinical interview against a youth in any court proceedings; and
5. Direct DCFS to report back to the Board of Supervisors (Board) in 60 days on the status of its Delinquency Prevention Pilot, including any outcomes and implementation-related issues.

"To Enrich Lives Through Effective And Caring Service"

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On March 19, 2013, an additional motion by Supervisor Mark Ridley-Thomas:

6. Directed the CEO, in conjunction with juvenile court leadership, and the Directors of DPH, DCFS and DMH, to report back in 60 days on a written plan that ensured these departments engaged in coordinated and integrated referrals and high-quality service delivery with measurable outcomes for adolescent youth needing substance abuse services. Additionally, the plan should leverage available Medi-Cal or other funding sources, standardized referral protocols and quality controls across departments, and include an analysis on the extent to which non-incarcerated probation youth are receiving appropriate substance abuse services.

Attached is a report detailing actions taken to document and operationalize a substance abuse referral process between DCFS, Probation and DPH for 241.1 crossover youth; document the substance abuse referral process for non-incarcerated probation youth; and identify funding streams available for youth, in general, seeking substance abuse treatment. The report responds to the six Board directives above: mental health referrals and services (pages 4-5); integrated substance abuse referrals (pages 5-7); 241.1 outcome evaluations (page 8); legislative action (page 9); Delinquency Prevention Pilot (page 9); substance abuse funding analysis (pages 9-11); and substance abuse services for non-incarcerated probation youth (pages 11-12). Staffing concerns were also raised by Probation and DMH related to their ability to track, enter and maintain outcome data for 241.1 youth. The resolution of this concern may require Board action.

Additionally, DCFS provided the Board with a report on the Delinquency Prevention Pilot on May 28, 2013.

If you have any questions or need additional information, please contact me, or your staff may contact Antonia Jiménez at (213) 974-7365, or via e-mail at ajimenez@ceo.lacounty.gov.

WTF:AJ:CDM
VRH:ljp

Attachment

c: Executive Office, Board of Supervisors
County Counsel
Children and Family Services
Juvenile Court
Mental Health
Probation
Public Defender
Public Health



**Los Angeles
County Board of
Supervisors**

Supervisor Mark
Ridley-Thomas,
Chairman

Supervisor Gloria
Molina

Supervisor Zev
Yaroslavsky

Supervisor Don
Knabe

Supervisor
Michael D.
Antonovich

Crossover Youth Board Motion

Phase II

October 2013

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Introduction

Background Information

A 2011 report by the Conrad N. Hilton Foundation found that transition-aged youth who had been involved in both the dependency and delinquency systems fared significantly worse as young adults than youth who had only been involved in one of these systems. They were 50 percent less likely to be employed, twice as likely to be on public assistance, and three times more likely to have spent time in jail than their counterparts.

Los Angeles County adopted its first comprehensive Welfare and Institutions Code (WIC) Section 241.1 protocol in 1997 that was designed to better serve youth who cross between the dependency and delinquency systems. The protocol required the departments of Children and Family Services (DCFS) and Probation to prepare joint assessments for each child involved in the dependency and delinquency systems, and to recommend to the delinquency court which system could best serve the interest of the child and the community.

In November 2012, a report was issued to the Board of Supervisors (Board) on how to strengthen two projects aimed at preventing foster youth from crossing over into delinquency, and ensuring they get the services and supervision needed. These projects are the 241.1 Project and the Delinquency Prevention Pilot. Based on recommendations included in that report, on March 12th and 19th, 2013, the Board outlined six additional directives to expand mental health and substance abuse services provided as part of the 241.1 project and strengthen the program evaluation.

On March 12, 2013, a motion by Supervisor Ridley-Thomas directed the Chief Executive Officer (CEO), in conjunction with the Directors of the departments of Mental Health (DMH), Public Health (DPH) and DCFS, to implement the 241.1 Crossover Youth Project recommendations identified in the November 2012 report, and:

1. Instructed the 241.1 DMH Psychiatric Social Workers (PSWs) to provide specific recommendations as to the type of mental health services a youth needs, and which agencies in the youth's service area could provide such services;
2. Authorized the Director of DPH to develop a process for referring crossover youth identified by the multi-disciplinary team as needing substance abuse assessment and treatment, and a process for tracking the number of youth identified as needing substance abuse services, the number of referrals made, and the number of youth who receive these services;
3. Instructed the CEO, DCFS and affected departments to report annually on the 241.1 evaluation measures identified in the CEO's November 2012 report;
4. Instructed County Counsel to work with the CEO to review AB 1405 (2008) and submit revised proposed statutory language to the Legislature to prohibit the use of incriminating information obtained during a clinical interview against a youth in any court proceedings; and
5. Directed DCFS to report back to the Board of Supervisors in 60 days on the status of its Delinquency Prevention Pilot, including any outcomes and implementation-related issues.

On March 19, 2013, an additional motion by Supervisor Mark Ridley-Thomas:

6. Directed the CEO, in conjunction with juvenile court leadership, and the directors of DPH, DCFS and DMH, to report back in 60 days on a written plan that ensured the departments engaged in coordinated and integrated referrals and high-quality service delivery with measurable outcomes for adolescent youth needing substance abuse services, that leveraged available Medi-Cal or other funding sources, standardized referral protocols and quality controls across departments. The report was also to include an analysis on the extent to which non-incarcerated probation youth were receiving appropriate substance abuse services.

To address these six Board directives, the 241.1 Workgroup (Workgroup) which included representatives from the departments of the CEO, DMH, DPH, DCFS, Probation, Public Defender (PD), Public Social Services (DPSS), County Counsel and the Juvenile Court that developed the original project recommendations was reconvened.

241.1 Project Newly Implemented Actions

Board Directive 1: Coordination of 241.1 Mental Health Services

The Board requested that the Workgroup determine how best to ensure that mental health referrals made during the 241.1 process were explicit in identifying the types of services needed and where specifically those services could be received.

The 241.1 process includes a Multi-Disciplinary Team (MDT) meeting that brings together the youth, their families and experts from various County departments to provide assessment findings and recommendations that address the unique needs of the youth. The goal of this process is to reduce the length of time a youth spends in the delinquency system and prevent them from re-entering it. As part of this process, DMH staff thoroughly review the youth's records and make treatment recommendations based on that case review.

However, DCFS caseworkers who are tasked with implementing the MDT recommendations have found it difficult to effectively link youth to appropriate mental health services because these recommendations, for those staff who are not mental health experts, often seem vague and do not provide much direction for what types of mental health services are needed. Additionally, caseworkers are often not as familiar with the array of mental health resources available within their respective communities.

To address this issue and ensure that youth are appropriately connected to the mental health services they need, DMH agreed to improve its coordination with DCFS by implementing the following actions:

- DMH staff who are out-stationed in DCFS regional offices will now assist DCFS caseworkers in clarifying the MDT recommendations so that they can identify the specific treatment services needed and agencies within the youth's neighborhood that can provide those services.

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- DMH staff will also now ensure that mental health services have been identified for all youth in need of them, or that caseworkers have completed a referral for these services if they have not yet been identified.

DMH and DCFS will continue to monitor program capacity issues in delivering mental health services, and will inform the Board if there are any significant concerns identified.

Board Directive 2: Coordination and Integration of Substance Abuse Treatment Services

The Board also instructed the Workgroup to develop procedures to ensure that 241.1 youth with identified substance abuse issues were referred to treatment, and that the numbers of youth referred to and receiving these services were tracked.

Data from the latest 241.1 project evaluation indicated that 53 percent of 241.1 youth either have a substance abuse only or co-occurring mental health and substance abuse issue. This illustrates how critical it is to ensure that substance abuse screening and treatment services are part of the MDT meeting process. However, the 241.1 practice did not include DPH or its substance abuse providers in these team meetings, nor did it include substance abuse screening for all 241.1 youth. Furthermore, when substance abuse issues were identified, probation officers and DCFS caseworkers would routinely make referrals to providers based on word-of-mouth or those that were easily identifiable instead of utilizing qualified DPH providers. On the other hand, some probation officers would only make referrals to providers with whom they had previously good experiences with which sometimes created capacity issues (i.e. waiting lists) for those specific providers. These practices increased the likelihood of substance abuse issues going undetected, and that when identified, the quality of services received were inconsistent and unclear.

It was also discovered that while DPH's data tracking system, the Los Angeles County Participant Reporting System (LACPRS), collects information on participants receiving substance abuse treatment services from its subcontractors, this system did not contain the information needed to specifically identify probation and DCFS youth who are receiving them.

To address these issues, the following actions have now been implemented:

- **DPH Designated Providers Participate in Post-Disposition MDT Meetings**
 - When the court has ordered drug testing or substance abuse treatment, a DPH designated substance abuse provider closest to the youth's current residence (from the DPH vetted provider list discussed below) is now invited to attend the post-disposition MDT meeting so that they may conduct an in-person screening, initiate the engagement process and make a referral to treatment, if needed. If the provider is unable to attend the meeting, the youth's probation officer or DCFS caseworker will schedule an appointment for the youth at the provider's site to receive this screening.

- **Youth with no Substance Abuse Related Court Order are Screened for Potential Substance Abuse Issues**

- DPH identified a screening tool that will be used by the probation officer or DCFS caseworker to screen youth for potential undetected substance abuse issues at the post-disposition MDT meeting, by November, in cases where no substance abuse related court order exists (Attachment 1). If the screening test is positive, the youth will be referred to a participating DPH substance abuse provider for further assessment and voluntary treatment, as needed.
- To increase the likelihood that a youth will readily disclose substance use information, the Presiding Judge of the Juvenile Court has already discussed with, and is preparing a follow-up memorandum, to all juvenile court judges encouraging them to limit their use of court orders, thereby reducing the potential punitive consequences, in 241.1 cases where a youth is voluntarily seeking treatment.

- **DPH Created a Vetted Substance Abuse Provider List**

- DPH completed a survey of its Adolescent Intervention Treatment and Recovery Programs (AITRP) substance abuse providers to determine their willingness and capacity to provide treatment services to 241.1 youth in order to ensure more consistent and credible treatment resources were being delivered. As a result, a vetted list of fourteen DPH substance abuse providers was created (Attachment 2). DPH will update this list quarterly to ensure that only providers in good standing are included.
- A similar survey tool has been developed and distributed to DPH's Drug Medi-Cal (DMC) providers. DPH is conducting an extensive analysis to determine which of its DMC providers should be added to this vetted provider list; this analysis will be completed by June 2014. Additionally, DPH is also determining the feasibility of expanding their referral network to include providers with contracts outside of AITRP and DMC.

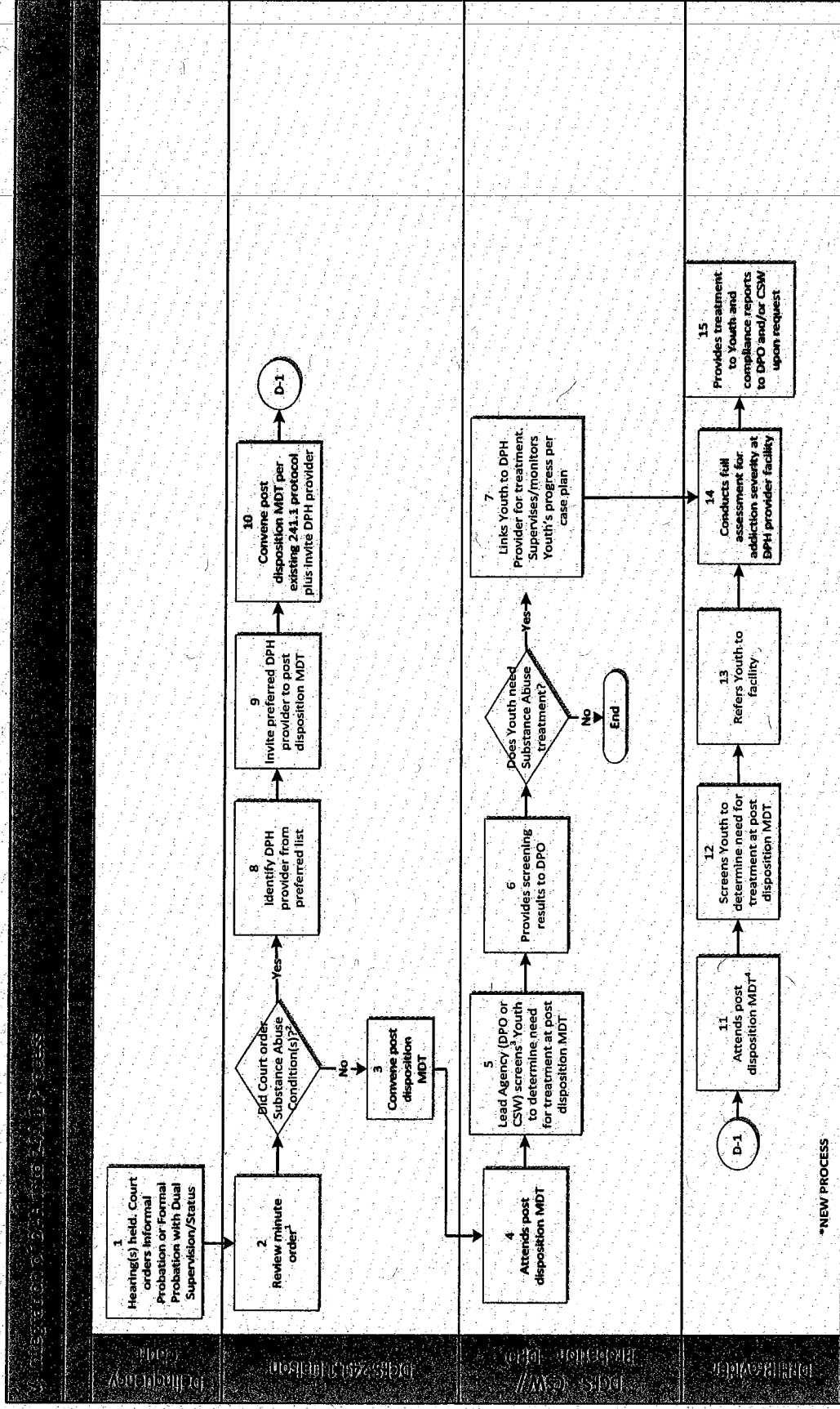
- **DPH Enhanced their Electronic Reporting System to Identify Probation and DCFS Youth Receiving their Services**

- DPH has updated their reporting system to include key questions that now identify probation and DCFS youth receiving substance abuse services. This will also allow for more specific treatment data to be gathered from providers, including length of treatment, discharge status, etc., that can be used for aggregate analyses.

The illustration below outlines how these new actions have been incorporated into the 241.1 process and resulted in a more coordinated and integrated service delivery model, with respect to substance abuse screening and treatment.

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Illustration 1: DPH Integration into 241.1 Process



1 Probation Clerical staff will fax copy of minute order to DCF's 241.1 liaison upon receipt from Court clerk.

2 If Court orders counseling condition(s), DMH will provide substance abuse screening/treatment.

3 DPH provided assessment tool and accompanying administrative script.

4 In the event DPH provider is not available to attend MDT, lead DPO/CSW to link youth to DPH provider for assessment and treatment using vetted list.

Board Directive 3: 241.1 Project Evaluation Measures

The Board also requested that DCFS develop an annual report detailing the following outcomes for 241.1 youth as identified in the November 2012 report:

- Legal Status of Youth
- Number of MDT meetings including DMH Staff Participation
- Number of Youth with Co-Occurring Substance Abuse and Mental Health Issues compared to Number of Youth with Substance Abuse Only Issues
- Types of MDT Service Recommendations Made
- Number and Type of MDT Service Recommendations Implemented
- Recidivism Rates

Although the 241.1 project has been operating since 2007, outcome data on the services being referred to and received by participating youth were not being collected. After the November 2012 report was released, DCFS, in conjunction with the California State University, Los Angeles, School of Criminal Justice and Criminalistics (CSULA), developed a manual tracking process for collecting this data. As of March 2013, data on MDT services recommended is now being manually collected from DCFS, Probation and DMH on all new 241.1 cases through the Initial Data Collection Form.

A 241.1 Tracking Application has also been recently created to begin tracking outcome data electronically. Currently, this system contains youth demographic data which is obtained electronically through an interface with DCFS' Child Welfare Services/Case Management System. The system is now undergoing configuration and testing so that it will be ready for its scheduled launch in December 2013. Once it is fully implemented, the system will have the capability of tracking youth outcomes electronically and producing data for DCFS' annual report (Attachment 3), the first of which is due in March 2014. Two manual tracking forms, the Initial Data Collection Form and the 241.1 Tracking Form, have been developed to track the MDT meeting service recommendations made and those services received by youth at quarterly intervals. Data from these forms will be entered into this system for all new/recent cases once it has launched.

DCFS' Bureau of Information Systems has developed a project timeline for the programming, testing and system implementation of the 241.1 Tracking Application system enhancements:

241.1 Tracking Web-based Application Project Timeline	
Programming and System Configuration	August - October 2013
Testing and Modification	October - November 2013
System Launch	December 2013

Given the increased work required to enter data on all 241.1 youth from the Initial Data Collection and 241.1 Tracking Forms, as well as correct erroneous entries, Probation and DMH are each anticipating the need for an additional full-time clerical position (Intermediate Typist Clerk). The salary for one full-time equivalent Intermediate Typist Clerk position is \$37,321 plus \$16,048 in employee benefits. Any such staffing adjustments, if determined to be feasible, would require Board action.

Board Directive 4: Legislative Action

The Board also requested that proposed Assembly Bill 1405 (2008), which was approved by both the California State Assembly and Senate but vetoed by the Governor, be reviewed and that revised language be submitted to the legislature to prohibit the use of incriminating information obtained during a clinical interview against a youth in court.

This bill would have offered protection for some of the information a youth might disclose during a clinical interview by prohibiting its use in court proceedings. The Workgroup reviewed the legislation to determine if the development of additional draft language and possible resubmission of the legislation would provide protection of the youth's legal rights against self-incrimination. After review, the Public Defender's representatives did not believe it was possible to modify the Bill in a manner that would address all of defense counsel's concerns by providing complete protection for a youth who participated in a clinical interview. As such, the Workgroup did not see a significant benefit to pursuing this legislative change any further.

Instead, the Workgroup worked to incorporate changes into the 241.1 post-disposition MDT meeting to strengthen the collaboration between DMH and DCFS staff (as mentioned under Board Directives 1 and 2) and ensure that both mental health and substance abuse issues are appropriately identified and treated regardless of whether a clinical interview takes place.

Board Directive 5: Delinquency Prevention Pilot

DCFS was directed by the Board to report on the status of its Delinquency Prevention Pilot, including any outcomes and implementation-related issues. DCFS provided the Board with a report on the Delinquency Prevention Pilot on May 28, 2013.

Board Directive 6: Substance Abuse Treatment Funding & Substance Abuse Services for Probation Youth

In addition to requesting the information previous outlined above regarding coordinated, high-quality service delivery, standardizing a referral process for services, and measuring outcomes of youth needing substance abuse services, the Board requested information on how best to leverage DMC or other substance abuse funding sources, and how non-incarcerated probation youth are receiving appropriate substance abuse services.

Medi-Cal Funding

Substance abuse treatment services for probation and 241.1 youth are largely provided through DMH and DPH contractors. When a probation or 241.1 youth has both a mental health and substance abuse issue (co-occurring disorder), DMH takes the lead in the providing treatment for both issues. When a youth has only a substance abuse issue, DPH will now take the lead in providing treatment services. This will occur initially through their AITRP providers, and will eventually be expanded to include qualified DMC providers.

DMH oversees Medi-Cal funded providers who deliver co-occurring disorder services to probation and 241.1 youth. In Fiscal Year 2011-12, \$72 million in federal, state and local funding

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was leveraged to treat youth with co-occurring disorders Countywide; this funding was sufficient to cover the needs of those youth.

DPH's AITRP network collectively provides outpatient and residential services to youth and young adults, including those involved with the dependency and delinquency systems; funding in Fiscal Year 2011-12 totaled \$7.5 million. These agencies provide a comprehensive array of youth appropriate services by staff with the experience to respond to the varied needs of this population. Funding for AITRP includes federal, state and County funds; these funds are generally fully expended each Fiscal Year.

DPH's youth-focused DMC contractors primarily provide either Outpatient Drug Free services (which provides only group counseling except when individual counseling is required to prevent imminent relapse or to complete specific admission and discharge activities) or Day Care Habilitative services (which provides more intensive outpatient services requiring structured activities for a minimum of three hours per day for three days per week). Currently, of the 89 total DMC agencies, 66 of them provide services to youth. While the total annual DMC allocation in Fiscal Year 2011-12 was \$116 million for both youth and adult clients, \$27.6 million of these funds were used to treat youth. DMC funds include federal and state dollars only; there is no County contribution to this funding stream.

While DMC services are currently more limited than what is offered through AITRP (these services includes family counseling and individual counseling on a wider basis than does DMC), the Affordable Care Act is likely to expand the DMC treatment services available in 2014. With this expansion, the County should be in a better position to more fully utilize its DMC funding allotment to provide the full array of substance abuse treatment services to probation and 241.1 youth in need. DMH and DPH submitted a Board memorandum to explain these changes to DMC, and presented the information at the Health Cluster meeting on July 24, 2013.

DMC reimbursable treatment services are determined by the State, with limited administrative responsibilities assigned to the County. As providers are inclined to offer only those services which will ultimately be reimbursed, the County's ability to dictate the types of evidence-based practices or other specific program regimens offered is hindered. Additionally, this has made some probation officers and DCFS caseworkers reluctant to refer youth to them since they cannot ensure a consistent level or type of treatment administered, thereby creating a potential under-utilization of these service providers.

As noted in the chart below, both AITRP and DMC services include assessment, treatment planning, and crisis counseling, but DMC services do not currently include individual counseling (except for on a very limited-basis) which is highly recommended for these youth. However, the chart also highlights the DMC services that should become available January 1, 2014, which includes individual counseling. The expanded DMC services will also include inpatient detoxification, hospitalization for medical management of withdrawal symptoms, outpatient chemical dependency services (i.e. day treatment, intensive outpatient, and individual and group counseling), and transitional residential recovery services, and therefore more closely mirror the services offered through AITRP. Once this occurs, the services available to probation and 241.1 youth should be sufficient to cover their full array of substance abuse needs, with an ability to

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rely more heavily on State and federal dollars. This should further make probation officers and DCFS caseworkers more likely to refer youth to them.

FY 2011-12 Overview of Substance Abuse Treatment Programs Available to Youth			
County Department	Mental Health (DMH)	Public Health (DPH)	
Service Type	Medi-Cal funded Treatment for Co-Occurring Disorder (substance abuse and mental health)	Substance Abuse Only	
		Adolescent Intervention, Treatment and Recovery Programs (AITRP)	Drug Medi-Cal (DMC)
Total Expenditures	\$72M	\$7.5M	\$27.6M
Total Providers	133 Providers	14 Providers ¹	101 Providers
Treatment Types	Outpatient Treatment Residential Treatment ²	Outpatient Treatment Residential Treatment	Outpatient Drug Free ³ Day Care Habilitative ⁴
Reimbursable Treatment Elements	Assessment Treatment Planning Individual Group Family Counseling Targeted Case Management Medication Management	(DPH Recommended Youth Treatment Services) Screening Assessment Treatment Planning Individual Counseling Crisis Counseling Group Counseling Family Counseling Case Management Collateral Services Referral for Supportive Services (Aftercare)	Assessment Treatment Planning Crisis Counseling Group Counseling Collateral Services New Changes January 1, 2014⁵: In-patient Detoxification Medical Treatment for Withdrawal Day Treatment Intensive Outpatient Individual Counseling Transitional Residential Recovery
Countywide Youth Participants ⁶	6,313 ⁷	1,086	10,711

AITRP Reimbursable Treatment Elements reflect the primary recommended services needed for comprehensive and effective youth treatment services. Currently, Federal Substance Abuse and Mental Health Services Administration Block Grant, which funds the AITRP Programs, permit reimbursement for more recommended youth treatment services than those permitted under DMC. Therefore, AITRP contractors are able to provide more services (e.g., individual counseling, family counseling, and residential treatment) to respond to the varied needs of youth, including one-to-one work and involvement of parents/guardians. In addition, AITRPs are contractually expected to hire staff experienced/trained in youth services and to provide evidence based/informed youth services. The expansion of DMC is expected to significantly lessen the distinction between AITRP services and those provided under DMC.

¹This includes 13 outpatient and four residential providers

²Primary treatment/cause of residential must be mental health related

³Services are limited to group counseling except when individual counseling is needed to prevent imminent relapse or to complete specific admission and discharge activities

⁴A more intensive outpatient treatment requiring structured services for a minimum three hours per day, three days per week

⁵Reimbursable treatment elements may be expanded under Drug Medi-Cal due to health care reform

⁶Both DMH and DPH participant numbers include probation youth

⁷All diagnosed cases of substance abuse along with mental health were treated

Non-Incarcerated Probation Youth

The Workgroup reviewed survey results on the substance abuse treatment services received by 3,803 probation youth who were residing in community and had either a drug testing or treatment court order. Camp and placement youth were excluded from the survey. As reflected in the chart below, fifty-six percent (2,117) of the non-incarcerated youth surveyed were either currently receiving substance abuse treatment or had already completed a treatment

program. Of the 1,662 youth who were not receiving substance abuse services, the main reasons were: youth absconding from probation jurisdiction (430), jurisdiction terminated (262), youth being detained in juvenile hall (162), or pending program enrollment (316). There were 379 youth who had unique reasons for not receiving services like: youth is pregnant, detained in Camp, not compliant with treatment order, or was transferred out of County, etc. Reasons for pending program enrollment included cases that were newly assigned to probation officers, missed appointments by the youth, youth waiting for a referral from the probation officer, and youth waitlisted as a result of agency capacity issues. Survey results did not identify wait times.

PROBATION YOUTH SUBSTANCE ABUSE TREATMENT SURVEY

PROBATION YOUTH RECEIVING SUBSTANCE ABUSE SERVICES	TOTAL
Yes	1,684
No	1,662
Completed Treatment	433
Case Closed (over 18)	10
No Response	14
GRAND TOTAL	3,803

56% of probation youth are either currently receiving substance abuse services or have already completed a treatment program.

REASONS FOR YOUTH NOT RECEIVING SUBSTANCE ABUSE TREATMENT	TOTAL
Bench Warrant/ Abscond	430
Detained in Juvenile Hall	162
Did Not Enroll	39
Not Ordered By Court	74
Pending Enrollment	316
Jurisdiction Terminated	262
Other Youth-Specific Reasons	379
GRAND TOTAL	1,662

Probation officers working with non-incarcerated youth tend to rely heavily on DMC providers when referring youth for substance abuse treatment services. While the number of treatment slots available are suitable among these particular providers, the lack of information on specific services and evidence-based practices offered is a real concern for probation officers and DCFS caseworkers referring youth to them. The Workgroup concluded that probation officers and DCFS caseworkers should be given a vetted list of providers with details on the specific services and practices offered by them. Having this list would ensure that probation youth referred to substance abuse treatment were consistently receiving the types of services and treatment regimens that were in line with DPH's standards.

As discussed under Board Directive 2 above, DPH has now created a vetted list of DPH AITRP providers for probation officers and DCFS caseworkers to use, and is working to expand this list by adding in its vetted DMC providers. However, until the expanded list is completed and there are ample service providers identified, the potential to over-utilize the currently vetted providers exists, causing possible capacity issues among those providers.

241.1 Project Next Steps

1. By November 2013, probation officers and DCFS caseworkers will begin screening youth for potential undetected substance abuse issues at the post-disposition MDT meeting, in cases where no substance abuse related court order exists.
2. DPH will ensure that along with the list already provided, an expanded listing of substance abuse providers is developed for probation officers and DCFS caseworkers by June 2014.
3. By March 2014, DCFS, with CSULA, will produce an annual report on the 241.1 Project that includes data collected through the 241.1 Tracking Application and the LACPRS enhancements.

Attachments

The CRAFFT Screening Interview

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, did you:

	No	Yes
1. Drink any <u>alcohol</u> (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Smoke any <u>marijuana</u> or <u>hashish</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Use <u>anything else</u> to <u>get high</u> ? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")	<input type="checkbox"/>	<input type="checkbox"/>

For clinic use only: Did the patient answer "yes" to any questions in Part A?

No ☐

Yes ☐



Ask CAR question only, then stop

Ask all 6 CRAFFT questions

Part B

	No	Yes
1. Have you ever ridden in a <u>CAR</u> driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever use alcohol or drugs to <u>RELAX</u> , feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself, or <u>ALONE</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever <u>FORGET</u> things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your <u>FAMILY</u> or <u>FRIENDS</u> ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever gotten into <u>TROUBLE</u> while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

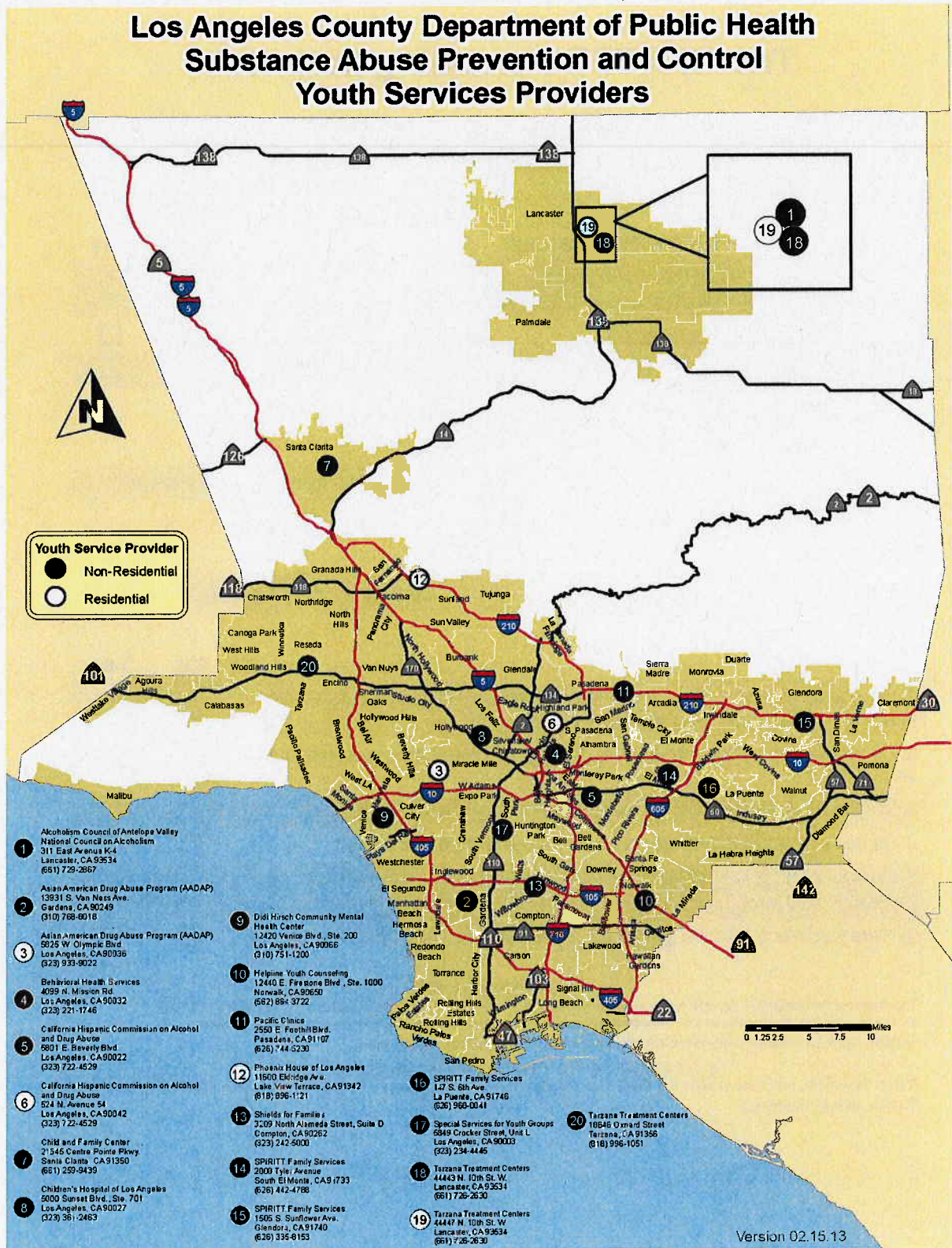
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Attachment 2



Attachment 3

241.1 Crossover Youth Outcomes Tracked		
Outcomes Measured	Collection Method	Responsible Agency
DMH Participation in MDT Meetings	Initial Tracking Form	DCFS
Youth and Family Outcomes <ul style="list-style-type: none"> Youth residential status Permanency planning 	Post-Disposition Tracking Form	DCFS
241.1 Disposition/Legal Status <ul style="list-style-type: none"> Number of dual supervised (654.2WIC, 725aWIC, 790WIC) Number of dual jurisdiction (300WIC/602WIC) Number of delinquent wards (602WIC) 	Initial Tracking Form	Probation
Substance Abuse and/or Mental Health Issues Identified <ul style="list-style-type: none"> Number of youth with mental health issue Number of youth with co-occurring disorders Number of youth with substance abuse only issues 	Initial Tracking Form	DMH
Education and Pro-Social Activities <ul style="list-style-type: none"> School enrollment/school attendance Academic/behavioral concerns 	Initial Tracking Form	DCFS
Post-Disposition MDT Services Recommended and Received <ul style="list-style-type: none"> Substance abuse treatment initiated/completed Mental health treatment initiated/completed Educational progress Behavioral/social interventions 	Post-Disposition Tracking Form	DMH, DCFS, and Probation
Continued Delinquency Behavior <ul style="list-style-type: none"> Number of new arrests Number of new sustained petitions 	Post-Disposition Tracking Forms	Probation

